PART B - FEE(S) TRANSMITTAL

| | T 3 0 2007 | nd this form, toget | her w | rith applicable | • | Coi P.C Ale | il Stop ISSUE FEE mmissioner for Pato J. Box 1450 xandria, Virginia 2 | ents | |
|---|-----------------------------|---------------------------|----------------|------------------------|---|----------------------|--|--|--|
| or Fax (571)-273-2885 INSTRUCTIONS: Filis form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All tighter correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as a decated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address. | | | | | | | | | |
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| Thomas M. Freiburger P.O. Box 1026 Tiburon, CA 94920 10/31/2007 HDESTA2 00000009 10757272 | | | | | | State | reby certify that this Fec(| ficient postage for first | ission deposited with the United class mail in an envelope bove, or being facsimile e indicated below. |
| ; 01 F | FC:2501 720. | | 00 OP 00 OP | | | | Thomas 47 | J W.26. | (Depositor's name) (Signature) (Date) |
| | APPLICATION NO. FILING DATE | | | | FIRST NAMED INVENTOR | | ATTO | RNEY DOCKET NO. | CONFIRMATION NO. |
| _ | 10/757,272 01/14/2004 | | | Richard Procto | | | | 646P | 4139 |
| TITLE OF INVENTION: EXERCISING AND PHYSIOTHERAPY SYSTEM | | | | | | | | | |
| 10) 2' | APPLN. TYPE | SMALL ENTITY | - IS | SUE FEE DUE | PUBLICATION FEE D | UE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
| <u>*</u> | nonprovisional | YES | | \$700 | . \$0 | | \$0 | \$700 _. | 10/26/2007 |
| 教院 | EXAMINER | | | ART UNIT | CLASS-SUBCLASS | | | | |
| <u> </u> | | | | | 482-037000 | | | | |
| 1: Change of correspondence address or indication of "Fee Address" (37 GFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | | |
| Please check the appropriate assignce category or categories (will not be printed on the patent): | | | | | | | | | |
| The following fee(s) are submitted: Ussue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies | | | | | b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). | | | | |
| A Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | | | | | | | |
| NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. | | | | | | | | | |
| Authorized Signature Date 10 - 26 - 07 | | | | | | | | | |
| Typed or printed name Thomas M. Freiburger Registration No. 27,063 | | | | | | | | | |
| This collection of information is required by 37 CFR 1/311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. | | | | | | | | | |
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